Review:

You can describe recognition features of a head injury ☐

You can describe the ongoing treatment for a head injury ☐

Learning Log:

How will what you have learned in this module impact your day-to-day role?

Are there any skills or knowledge you would like to develop further following this module?

End of Module

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Unit 1
Lesson 10
Alcohol and Drug Intoxication

Alcohol Intoxication

Drinking too much alcohol stops the nervous system from working properly, particularly in the brain. This can severely weaken the mental and physical body functions like sight, speech, coordination and memory.

Alcohol poisoning can also send a person into deep unresponsiveness and at worst can cause respiratory arrest.

It is important that officers remain acutely aware that many medical conditions can mimic the signs and symptoms of alcohol intoxication.

Possible Signs and Symptoms

The following should be borne in mind as possible signs and symptoms of alcohol intoxication:-

- a strong smell of alcohol
- Evidence of drinking, empty bottles or cans
- confusion
- slurred speech
- vomiting
- reddened and moist face
- deep, noisy breathing
- unresponsiveness

Lesson Aim:

The learner will be able to recognise and manage a casualty who is suffering from alcohol or drug intoxication

Learning Outcomes:

The learner can:-

1. Describe recognition features of alcohol intoxication (pg. 1)
2. Describe the ongoing treatment for alcohol intoxication (pg. 2)
3. Describe recognition features of drug intoxication (pg. 2)
4. Describe the ongoing treatment for drug intoxication (pg. 3)

Treatment

- Check them over for any injuries, especially head injuries, or any other medical conditions
- If they are breathing normally but are not fully responsive, place them into the recovery position
- Maintain and monitor airway and breathing
- Call an ambulance if deemed necessary

Drug Intoxication

Almost any drug taken in excess can cause a person to suffer the effects of an overdose. Some prescribed medicines and recreational drugs taken in excess or without medical supervision can prove fatal unless prompt care is available.

Officers will be unable to give any specific treatment for a subject suffering from drug intoxication and should therefore follow the normal priorities of basic life support.

Possible Signs and Symptoms

The following should be borne in mind as possible signs and symptoms of drug intoxication:-

- Drowsiness
- loss of coordination and collapse
- confusion or hallucinations
- altered breathing pattern or breathing difficulty
- mood changes including excitability, aggression or depression
- pale, cold and clammy skin
- nausea or vomiting
- seizures
- abdominal pain
- Unresponsiveness with shallow breathing and dilated pupils
- Evidence of poisons, containers, smells, etc.

If they are unresponsive, you also need to look for:-

- shallow breathing
- widened pupils that react poorly to light

Treatment

- Keep checking their airway and breathing
- Monitor levels of response (**A.V.P.U**)
- Check the person for any injuries or medical conditions
- Provide reassurance and keep them warm
- Ask the casualty what they have taken, how much and when
- If they are breathing normally but are not fully responsive, place them into the recovery position
- Call an ambulance if deemed necessary

Naloxone Awareness

Naloxone is a medication that is used to temporarily reverse the effects of opioid drugs like heroin, morphine, methadone, codeine etc. Naloxone has been used for many years by healthcare professionals in hospitals, and by ambulance crews and paramedics in communities as an 'emergency rescue medicine', administered to people who are suspected of suffering from an opioid (or opioid-related) overdose.

When someone accidentally overdoses and opioid drugs are involved, their breathing can be compromised and this can lead to their death. Naloxone can help restore the breathing of the opioid (or opioid-related) overdose casualty, 'buying time' before an ambulance arrives.

Regulations do not limit supply to specific individuals, except to state that the "supply shall be for the purpose of saving life in an emergency". Therefore, naloxone could be supplied to any of the following:-

- an outreach worker
- a hostel manager
- a drug user at risk
- a carer, a friend, or a family member of a drug user at risk
- any individual working in an environment where it is considered there is a risk of overdose for which the naloxone may be useful.

Key Information

KI

Police Officers are not encouraged to handle or administer this medication but should be aware of its potential use at an incident and should not restrict someone who has been supplied with Naloxone from administering it.

Nyxoid

Officers should also be aware of another form of Naloxone administration called Nyxoid.

Nyxoid is a single-dose nasal spray for emergency use after an overdose of opioid drugs (such as heroin, methadone, fentanyl, oxycodone, buprenorphine or morphine).

Review:

- You can describe the recognition features of alcohol intoxication ☐
- You can describe the ongoing treatment for alcohol intoxication ☐
- You can describe the recognition features of drug intoxication ☐
- You can describe the ongoing treatment for drug intoxication ☐

Learning Log:

How will what you have learned in this module impact your day-to-day role?

Are there any skills or knowledge you would like to develop further following this module?

End of Module

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Keeping people safe

Enhanced Operational First Aid

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Aim

To provide students with the necessary skills, knowledge and understanding to confidently deal with catastrophic bleeding and thoracic injuries likely to be encountered in the operational environment.

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Learning Outcomes

- Demonstrate the management of a casualty who is bleeding catastrophically
- Demonstrate the management of a casualty with a penetrating injury to the thoracic cavity
- Provide a structured handover to the Ambulance Service

Assessment: Your competency will be assessed during observations by instructors as you undertake practical sessions.

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Introduction – The 'WHY'

- During an MTA, ambulances aren't necessarily going to be there in time or in numbers due to immediate/continuing threat
- Your immediate [redacted] actions can save lives
- The lives you save may be colleagues, members of the public or even your own

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Don't Just Take My Word For It

PC [redacted]

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Initial Assessment and Treatment

- Danger - Rule out or mitigate
- Response - AVPU
- Summon help - Airwave/Colleagues in vicinity

[redacted]

- Catastrophic Bleeding - Rule out or treat immediately
- Airway - Head tilt/chin lift required?
- Breathing - Russell Chest Seal required?

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Ladder of Bleeding Control

3 - Tourniquets/wound packing

↑

2 - Pressure/Israeli bandage and elevation

↑

1 - Dressing(s) with Direct Pressure and elevation

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Catastrophic Bleeding

- Dealing with catastrophic bleeding is a priority before worrying about whether the airway is clear or the casualty is breathing. Quite simply if it's not dealt with the casualty will bleed out and die
- If two responders are in attendance then one could attend to the bleeding and the other could begin assessing the Airway and Breathing
- The site of bleeding will determine how it can be controlled. Bleeding may be internal (the chest cavity, abdomen, pelvic area or legs), or external (vis bly seen leaving the body)

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How can I tell if it's a Catastrophic Bleed?

Warning! There is a lot of blood in the next video. If you are not comfortable watching you can step out if needed.

Police TQ Application / TQ Real Life Use.mp4

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Catastrophic Bleeding (cont.)

This basic sequential approach should be followed until bleeding is controlled:

- Direct pressure NOW
- Apply a tourniquet (TQ) or pack the wound aggressively, depending on the location of the wound

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Tourniquet (TQ)

- Expose the wound if possible and ensure nothing in pockets
- Place bleeding limb through loop of TQ and position 3-4 cm above the wound site (or high and tight if you can't see wound)
- Pull the free end of the self adhering band and stick down taking care not to cover the windlass bar – make sure its tight with no slack!
- Twist the bar until the bleeding stops
- Secure the windlass bar into the clip
- Place the small Velcro strap over the windlass clip

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Tourniquet (cont.)

If bleeding continues:

- Tighten the TQ more
- Apply a second TQ directly above the first if required

Once the tourniquet is applied;

- Write the time applied on the Velcro strap or casualty
- Write a 'T' on the casualty's forehead
- Don't loosen the TQ (it's a myth that you release it every 20 mins)
- Never cover the TQ
- Advise Ambulance Service that a TQ has been applied
- TQ only to be removed by a medical practitioner

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Tourniquet – One Handed Application

One Handed TQ Application

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Tourniquet – Two Handed Application

Two Handed TQ application

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Tourniquet – Key Points

1. When do we use it?

For catastrophic bleeds on a limb(s)

2. Where do we put it?

3-4 cm above the wound – If you can't find the wound put it 'high and tight'

3. What do I need to remember?

Make sure nothing in pockets (I ke police cargo pockets!)

Tighten the slack before twisting

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Practical – Tourniquet

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Wound Packing (gauze/bandage material)

- Wearing gloves, apply digital pressure into the bleeding site (after gently scooping out any blood)
- Use fingers for pressure, not palms
- Ball the end of the gauze/material
- Pack it into the wound, feeding it under the fingers of the hand applying the pressure
- Keep packing until you have a tight fit within the wound and the bleeding is controlled
- Keep applying pressure on top of the material
- May wish to use a pressure bandage over the material

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Wound Packing

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Wound Packing – Key Points

1. When do we use it?

Junctional Bleeds (neck, under arms / shoulder, joints)

2. Where do we put it?

Deep into the wound at the point of bleed (not over the top)

3. What do I need to remember?

It's the pressure that does the work, not the absorption

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Practical – Wound Packing

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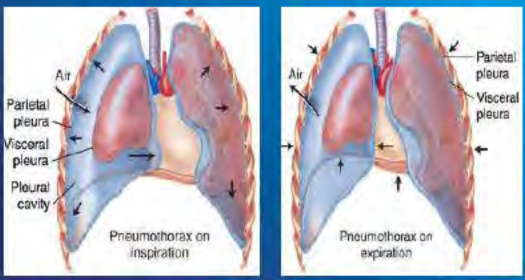
Chest Wounds – The Science!



https://youtu.be/[illegible]

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Dealing with Thoracic Injury

- If the casualty is bleeding into the chest or abdomen there is little we can do as responders. Get them to hospital as soon as possible
- When examining the chest: LOOK, LISTEN & FEEL
- If there is an obvious penetrating injury to the chest, sides or back then apply a Russell Chest Seal
- Applying dressings may stem the bleeding on the outside but litres of blood can be lost into the chest cavity without it being obvious

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The Russell Chest Seal

- Deal with any catastrophic bleeding
- Ensure the casualty has an open airway
- Dry the area around the chest wound
- Apply the chest seal
- Check the back of the casualty for an exit wound which can either be covered with another chest seal or if too large, packed and bandaged
- Get the casualty to hospital

[redacted]

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Slide 22

DB1 David Bradley, 24/09/2020

The Russell Chest Seal (cont.)

Chest Seal Application

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Practical – Russell Chest Seal

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Russell Chest Seal – Key Points

1. When do we use it?
Penetrating injury to thoracic region (chest, sides or back)

2. Where do we put it?
Vented chest seal over wound. Seal secondary wounds

3. What do I need to remember?
Look for other injuries. There may be more than one wound

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Environment – Keep the Casualty Warm!

Massive bleeding leads to hypothermia, even in hot environments. It's a significant risk to life in heavily bleeding casualties.

- Minimise the casualty's exposure to the environment
- Keep clothing/uniform on the casualty if possible
- Replace extremely wet clothing if possible & keep them dry
- Contact with the ground increases loss of body heat
- Place a barrier between the casualty and the ground, or get them off the ground (if possible)
- Use dry blankets, jackets or anything that will help retain heat

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Handing the Casualty Over

Once help has arrived we need to hand over to the ambulance team so they can hit the ground running with the casualty rather than starting from scratch. The ATMIST handover should be used:

- Adult/Child
- Time of incident
- Mechanisms of injury
- Injuries found
- Signs and symptoms
- Treatment given

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A final work on documentation

- A patient reporting form will be introduced for your devices
- Important as it informs on equipment and training needs
- Intranet Information
  - Casualty Treatment Report (spnet.local)
- Casualty Treatment Report (e-Form)
  - https://spapps.spnet.local/sites/firstaid/SitePages/Home.aspx

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Learning Outcomes

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Keeping people safe

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